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UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

RECEIVED

9 2002

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APF	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2002
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hours per response	

	SEC US	SE ONLY	
Prefix			Serial
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	DATE R	ECEIVED	
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A Convertible Preferred Stock Offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	
Type of Filing: New filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer.	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) TECHNOCOM CORPORATION	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	
16133 VENTURA BOULEVARD, SUITE 500, ENCINO, CALIFORNIA 91436 (818) 501-1900	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	
(if different from Executive Offices)	
Brief Description of Business PROCESSE	
biter besorption of business	ساا د
Provider of products and services for wireless location-based services AUG 2 3 2002)
Type of Business Organization	•
corporation limited partnership, already formed other (please specify): THOMSON	
Month Year Actual or Estimated Date of Incorporation or Organization: 05 95 Actual Estimated	
Jurisdiction of Incorporation of Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CA	
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issues making an offering of constition in reliance on an examption under Regulation D or Section 4(6), 17 CFR 220 501	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, and the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



	A. BASIC IDE	NTIFICATION DATA		
2. Enter the information requested for the				
• Each promoter of the issuer, if the			osition of 10% or t	more of a class of equity securities
of the issuer;	power to vote or dispose, t	or to direct the voic or dispo	osition of, 1070 of f	note of a class of equity securities
Each executive officer and directorEach general and managing partner	-	d of corporate general and i	managing partners	of partnership issuers; and
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	Executive Officer		☐ General and/or
				Managing Partner
Full Name (Last name first, if individual)				
Masoud Motamedi				
Business or Residence Address (Number and	d Street, City, State, Zip C	ode)		
16122 Venture Boulevard Suite 500 Ene	ino Californio 01426			
16133 Ventura Boulevard, Suite 500, Enc Check Box(es) that Apply: ☐ Promoter	Beneficial Owner		□ Director	☐ General and/or
, , , , , , , , , , , , , , , , , , ,	_	- 	_	Managing Partner
Full Name (Last name first, if individual)				
No. 1. B. 1. at				•
Mario Proietti Business or Residence Address (Number and	d Street, City, State, Zip C	ode)		
`		,		
16133 Ventura Boulevard, Suite 500, Enc.			M Dimeter	Comment on 4/on
Check Box(es) that Apply: Promoter	☑ Beneficial Owner		☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Khaled Dessouky				
Business or Residence Address (Number and	i Street, City, State, Zip C	ode)		
16123 Venture Deulevand Suite 500 Ene	ino California 01426			
16133 Ventura Boulevard, Suite 500, Enc. Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
				Managing Partner
Full Name (Last name first, if individual)				
Taher Behbehani				
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		****
16133 Ventura Boulevard, Suite 500, Enci	no. California 91436			
Check Box(es) that Apply: Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
				Managing Partner
Full Name (Last name first, if individual)				
H. Keith Smith				
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		
731 San Mario Drive, Solana Beach, Calif	ornia 92075			
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
				Managing Partner
Full Name (Last name first, if individual)				
Intrado Inc.				
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		
6285 Lookout Road, Boulder, Colorado 8	N3N1			
		dditional copies of this shee	et, as necessary.)	

A. BASIC IDENTIFICATION DATA - CONT. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or to direct the vote or disposition of, 10% or more of a class of equity securities Each executive officer and director of a corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner □ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner □ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet or copy and use additional copies of this sheet, as necessary.)

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	e usign introduce <u>e e e e e e e e e e e e e e e e e e e </u>	1895. 1 1				B. INFO	RMATI	ON ABC	UT OF	FERING			<u> 1865 - 1865 - 1865 - 1</u>		
1.	Has the i	ssuer	sold, or	does the is	suer intend	to sell, to r	on-accred	ited inves	tors in thi	is offering?				Yes □	No ⊠
					Ans	wer also in	Appendix	, Column	2, if filing	g under UL	OE.				
2.	What is t	he mi	nimum i	investment	that will be	e accepted i	rom any ir	ndividual?						\$	00 No
4.	Enter the sion or si to be list the na or dealer	informilar d is a me o you	mation in remuner an assocition of the brown assocition of the brown as set	requested f ration for s lated person liker or deal forth the in	or each per olicitation of agent of er. If more formation	a single uni son who ha of purchase of a broker of than five (for that bro	s been or vers in connection dealer results 5) persons	ection with egistered v to be liste	n sales of vith the S	securities : SEC and/or	in the offe with a stat	ring. If a te or state:	person s,		⊠
Full	Name (L	ast na	me first,	if individu	ial)										
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Busi	ness or R	eside	nce Add	ress (Numb	er and Stre	et, City, St	ate, Zip Co	ode)							
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State	es in which	h Per	son Liste	ed Has Soli	cited or Int	tends to Sol	icit Purcha								
					al States									All States	
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Full	Name (La	ist nai	me first,	if individu	ai)										
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Busi	ness or R	esiaer	ice Addr	ress (Numb	er and Stre	et, City, Sta	ite, Zip Co	ode)							
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchang and already exchanged.	e	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0-	-
	Equity	\$ 500,000.60	\$ 500,000.60
	☐ Common ☑ Preferred	5 <u>500,000.00</u>	\$ <u>.500,000.00</u>
	Convertible Securities (including warrants)	\$ - 0-	\$ -0-
	Partnership Interests		\$\$
	Other (Specify).		\$ <u>-0-</u>
	Total		-
		\$ <u>500,000.60</u>	\$ <u>500,000.60</u>
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Aggregate Number Investors	Dollar Amount of Purchases
	Accredited Investors	1	\$ <u>500,000.60</u>
	Non-accredited Investors	-0-	\$ <u>-0-</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the user, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	T	Delle de la constant
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$
	Regulation A	· N/A	\$
	Rule 504	N/A	\$
	Total	N/A	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		<u> </u>
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	_ ⊠	\$ 90,000.00
	Accounting Fees		\$ 26,000.00
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (Identify) Finders' Fees	⊠	\$ 50,000.00
	Total	⊠	\$166,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	EDSE OF I ROC	SEEDS W. March 1947 A
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the user."	\$ <u>334,000.60</u>	\$ <u>334,000.60</u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.	Payments to Officers Directors, & Affiliates	Payments to Others
Salaries and fees	\$	\$
Purchase of real estate	\$	\$
Purchase, rental or leasing and installation of machinery and equipment	\$	\$
Construction or leasing of plant buildings and facilities	\$	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$	\$
Repayment of indebtedness	\$	\$
Working capital	\$	⋈ \$ <u>334,000.60</u>
Other (specify):	\$	\$
Column Totals	\$	S
Total Payments Listed (column totals added)	. × 33	4,000.60
D. FEDERAL SIGNATURE	ing the state of t	
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not Following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchang Request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to par	ge Commission, up	oon written
Issuer (Print or Type) Signature	Date	
TECHNOCOM CORPORATION Name of Signer (Print or Type) Title pf Signer (Print or Type)	August	t 7, 2002
Mario Proietti Chief Executive Officer and Secretary		
ATTENTION		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)